New Jersey Department of Health and Senior Services
Public Health and Environmental Laboratories

REQUEST FOR TESTING OF SUSPECTED SELECT AGENTS AND CHAIN OF CUSTODY

Please provide the following information on <u>each</u> sample submitted for testing.

CLINICAL SPECIMENS/REFERRED CULTURE	ENVIRONMENTAL/OTHER SAMPLES
NJDHSS Case Number: _____	NJDHSS HIPER Case Number: _____
(Lab Use Only) PHEL Accession Number: _____	***(Lab Use Only)*** PHEL Accession Number: _____
Name of Requesting Agency/Institution: _____	Name of Requesting Agency/Institution: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Patient Name: _____ *(Last)* *(First)*	Sample Collected By: _____
DOB or Age: _____ *(MM/DD/YYYY)*	Collection/Pickup Site: _____
Collection Date: _____ *(MM/DD/YYYY)*	Collection Date: _____ *(MM/DD/YYYY)*
	Collection Time: _____
Describe Sample: _____	Describe Sample: _____
Culture Growth Temperature (if applicable): ☐ 37° ☐ Other: _____	
Analysis Requested (Suspected Select Agent): _____	Analysis Requested (Suspected Select Agent): _____

NOTE: **<u>ALL</u>** SPECIMENS THAT TEST NEGATIVE FOR SELECT AGENTS MUST BE RETRIEVED **<u>30 DAYS</u>** AFTER WRITTEN RESULT NOTIFICATION. ALL NEGATIVE SPECIMENS NOT CLAIMED AFTER 30 DAYS WILL BE **<u>DESTROYED</u>**.

Signature of Submitter: _____ Date: _____

Sample Receiving (Chain of Custody / Official Use Only)				
Name	**Date**	**Time**	**Initials**	**Action**
Person Submitting Specimen for Delivery *(Print)* / Person Submitting Specimen for Delivery *(Signature)*				
Person Making Delivery *(Print)* / Person Making Delivery *(Signature)*				
Person Receiving Delivery *(Print)* / Person Receiving Delivery *(Signature)*				

Approval (NJDHSS Case Number) is required for testing to proceed. To obtain case numbers for clinical specimens and suspect cultures, call CDS: 609-588-7500 (Monday-Friday, 8:00 AM to 5:00 PM; 609-392-2020 all other times). For environmental samples, call HIPER: 609-588-3572 (Monday-Friday, 8:00 AM to 5:00 PM; 609-392-2020 all other times).